



Michigan Department of Health and Human Services (MDHHS)
Crime Victim Services Commission (CVSC)
Victims of Crime Act
Crime Victim Assistance Grant

Program Discrimination Complaint Form

Instructions: Please fill out this form completely. Sign it and return to the address on page 3.

Complainant Name: _____

Address: _____

City, State, Zip Code: _____

Home: _____

Cell: _____

Work: _____

Email _____

Person making the complaint on behalf of the complainant

Name: _____

Address: _____

City, State, Zip Code: _____

Home: _____

Cell: _____

Work: _____

Name of company/organization complaint is against:

Has a complaint been filed with the Michigan Department of Civil Rights or the US Department of Justice, or any other Federal Agency or Court on this same matter?

Yes____ No ____

If yes, Agency or Court: _____

Date Filed: _____

Do you plan to file with another agency or court?

Yes____ No ____

If yes, when: _____

Signature & Date

SIGNATURE: _____ DATE _____

Return to:

Toya Williams, EEO Officer
Michigan Department of Health and Human Services
320 S. Walnut St.
1st Floor
Lansing, MI. 48913
Tel. 517-335-4276
Fax. 517-373-7123
Email: williamst8@michigan.gov
Website: www.michigan.gov/mdhhs-eeo